



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2009 FFS Rate Codes - Medicine

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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$19.75	\$19.75	2/1/2009
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$9.92	\$8.08	2/1/2009
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	\$12.48	\$8.12	2/1/2009
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	\$8.46	\$7.01	2/1/2009
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	\$142.47	\$121.75	2/1/2009
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT,	\$150.97	\$131.37	2/1/2009
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$62.80	\$54.42	2/1/2009
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$69.43	\$61.05	2/1/2009
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$88.92	\$83.18	2/1/2009
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$98.20	\$90.19	2/1/2009
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$131.26	\$125.18	2/1/2009
90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$139.79	\$131.78	2/1/2009
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$66.71	\$59.44	2/1/2009
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$76.77	\$66.07	2/1/2009



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90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$96.63	\$87.84	2/1/2009
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$105.92	\$95.22	2/1/2009
90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$138.23	\$130.59	2/1/2009
90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$146.77	\$136.07	2/1/2009
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$59.03	\$59.03	2/1/2009
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$64.89	\$64.89	2/1/2009
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$87.80	\$87.80	2/1/2009
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$94.03	\$94.03	2/1/2009
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$130.14	\$130.14	2/1/2009
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	\$135.99	\$135.99	2/1/2009
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$63.69	\$63.69	2/1/2009
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$70.33	\$70.33	2/1/2009
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$93.61	\$93.61	2/1/2009
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$98.32	\$98.32	2/1/2009



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90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$135.58	\$135.58	2/1/2009
90829	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$140.32	\$140.32	2/1/2009
90845	PSYCHOANALYSIS	\$77.70	\$75.91	2/1/2009
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$82.48	\$81.03	2/1/2009
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$102.75	\$97.31	2/1/2009
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$30.97	\$28.06	2/1/2009
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$29.18	\$27.35	2/1/2009
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$32.83	\$29.22	2/1/2009
90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION	\$50.54	\$42.52	2/1/2009
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM	\$143.15	\$125.33	2/1/2009
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$133.38	\$81.05	2/1/2009
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY	\$66.71	\$54.34	2/1/2009
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY	\$97.42	\$85.04	2/1/2009
90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC	\$142.50	\$142.50	2/1/2009
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	\$75.66	\$66.19	2/1/2009



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90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR	\$61.31	\$61.31	2/1/2009
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$63.06	\$63.06	2/1/2009
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT	\$103.38	\$103.38	2/1/2009
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	BR	BR	1/1/2001
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$66.03	\$66.03	2/1/2009
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS,	\$105.58	\$105.58	2/1/2009
90951	End-stage renal disease (ESRD) related services monthly, for patients younger th	\$903.41	\$903.41	2/1/2009
90952	End-stage renal disease (ESRD) related services monthly, for patients younger th	BR	BR	1/1/2009
90953	End-stage renal disease (ESRD) related services monthly, for patients younger th	BR	BR	1/1/2009
90954	End-stage renal disease (ESRD) related services monthly, for patients 2- 11 years	\$736.84	\$736.84	2/1/2009
90955	End-stage renal disease (ESRD) related services monthly, for patients 2- 11 years	\$418.82	\$418.82	2/1/2009
90956	End-stage renal disease (ESRD) related services monthly, for patients 2- 11 years	\$283.65	\$283.65	2/1/2009
90957	End-stage renal disease (ESRD) related services monthly, for patients 12- 19 year	\$593.25	\$593.25	2/1/2009



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90958	End-stage renal disease (ESRD) related services monthly, for patients 12- 19 year	\$400.68	\$400.68	2/1/2009
90959	End-stage renal disease (ESRD) related services monthly, for patients 12- 19 year	\$262.62	\$262.62	2/1/2009
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$265.26	\$265.26	2/1/2009
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$213.67	\$213.67	2/1/2009
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years o	\$153.96	\$153.96	2/1/2009
90963	End-stage renal disease (ESRD) related services for home dialysis per full month	\$509.58	\$509.58	2/1/2009
90964	End-stage renal disease (ESRD) related services for home dialysis per full month	\$423.43	\$423.43	2/1/2009
90965	End-stage renal disease (ESRD) related services for home dialysis per full month	\$402.41	\$402.41	2/1/2009
90966	End-stage renal disease (ESRD) related services for home dialysis per full month	\$211.14	\$211.14	2/1/2009
90967	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$18.44	\$18.44	2/1/2009
90968	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$14.03	\$14.03	2/1/2009
90969	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$14.03	\$14.03	2/1/2009
90970	End-stage renal disease (ESRD) related services for dialysis less than a full mo	\$7.36	\$7.36	2/1/2009
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	\$475.00	\$475.00	2/1/2009



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90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$19.00	\$19.00	2/1/2009
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$83.55	\$83.55	2/1/2009
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	BR	BR	10/1/1982
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARA	\$69.95	\$69.95	2/1/2009
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$191.97	\$191.97	2/1/2009
91011	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$246.31	\$246.31	2/1/2009
91012	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$256.11	\$256.11	2/1/2009
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$221.56	\$221.56	2/1/2009
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$188.50	\$188.50	2/1/2009
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$128.92	\$128.92	2/1/2009
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$206.28	\$206.28	2/1/2009
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$459.71	\$459.71	2/1/2009
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$152.13	\$152.13	2/1/2009



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91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$131.89	\$131.89	2/1/2009
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$378.54	\$378.54	2/1/2009
91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG,	\$125.22	\$125.22	2/1/2009
91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE	\$133.68	\$133.68	2/1/2009
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$58.62	\$58.62	2/1/2009
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED	\$82.02	\$16.25	2/1/2009
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$903.53	\$903.53	2/1/2009
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$396.68	\$396.68	2/1/2009
91122	ANORECTAL MANOMETRY	\$236.25	\$236.25	2/1/2009
91123	PULSED IRRIGATION OF FECAL IMPACTION	BR	BR	1/1/2002
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	BR	BR	1/1/2001
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	BR	BR	1/1/2001
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	10/1/1982
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$88.03	\$88.03	2/1/2009



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92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$26.32	\$8.87	2/1/2009
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$145.64	\$54.79	2/1/2009
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$57.47	\$25.12	2/1/2009
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)	\$58.47	\$21.05	2/1/2009
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$51.80	\$36.90	2/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$79.27	\$25.12	2/1/2009
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$15.49	\$15.49	2/1/2009
92532	POSITIONAL NYSTAGMUS TEST	\$19.00	\$19.00	2/1/2009
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$12.57	\$12.57	2/1/2009
92534	OPTOKINETIC NYSTAGMUS TEST	\$58.71	\$58.71	2/1/2009
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDIN	\$54.04	\$54.04	2/1/2009
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$56.20	\$56.20	2/1/2009
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION)	\$26.20	\$26.20	2/1/2009
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$44.87	\$44.87	2/1/2009
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$41.22	\$41.22	2/1/2009
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$79.79	\$79.79	2/1/2009
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$5.37	\$5.37	2/1/2009



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92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$93.58	\$93.58	2/1/2009
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$96.19	\$96.19	2/1/2009
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$100.55	\$100.55	2/1/2009
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$147.06	\$62.76	2/1/2009
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	\$36.86	\$36.49	2/1/2009
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$132.53	\$62.76	2/1/2009
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$32.42	\$32.42	2/1/2009
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$183.13	\$93.02	2/1/2009
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	\$40.55	\$40.55	2/1/2009
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	BR	BR	1/1/2003
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$269.41	\$165.84	2/1/2009
92953	TEMPORARY TRANSCUTANEOUS PACING	\$10.70	\$10.70	2/1/2009
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$270.27	\$123.84	2/1/2009



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92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$242.80	\$242.80	2/1/2009
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	\$166.52	\$166.52	2/1/2009
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$95.48	\$95.48	2/1/2009
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$170.95	\$170.95	2/1/2009
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY	\$156.60	\$156.60	2/1/2009
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY	\$376.22	\$376.22	2/1/2009
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$193.72	\$193.72	2/1/2009
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$264.93	\$264.93	2/1/2009
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$161.30	\$161.30	2/1/2009
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$779.91	\$779.91	2/1/2009
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$216.64	\$216.64	2/1/2009
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$578.36	\$578.36	2/1/2009
92984	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	\$154.74	\$154.74	2/1/2009
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,291.49	\$1,291.49	2/1/2009



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92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,338.15	\$1,338.15	2/1/2009
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$1,020.74	\$1,020.74	2/1/2009
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	BR	BR	1/1/1994
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	BR	BR	1/1/1994
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$636.21	\$636.21	2/1/2009
92996	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$165.32	\$165.32	2/1/2009
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$596.81	\$596.81	2/1/2009
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$300.65	\$300.65	2/1/2009
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	\$21.92	\$21.92	2/1/2009
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$13.78	\$13.78	2/1/2009
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	\$8.12	\$8.12	2/1/2009
93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$191.23	\$191.23	2/1/2009
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S),	\$25.45	\$25.45	2/1/2009



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93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$99.99	\$99.99	2/1/2009
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$22.89	\$22.89	2/1/2009
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$62.35	\$62.35	2/1/2009
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$14.75	\$14.75	2/1/2009
93024	ERGONOVINE PROVOCATION TEST	\$114.52	\$114.52	2/1/2009
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$239.15	\$239.15	2/1/2009
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	\$13.20	\$13.20	2/1/2009
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$5.81	\$5.81	2/1/2009
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	\$7.38	\$7.38	2/1/2009
93224	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$133.42	\$133.42	2/1/2009
93225	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$40.95	\$40.95	2/1/2009
93226	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$66.30	\$66.30	2/1/2009
93227	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$26.20	\$26.20	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, co	\$24.02	\$24.02	2/1/2009
93229	Wearable mobile cardiovascular telemetry with electrocardiographic recording, co	BR	BR	1/1/2009
93230	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$138.86	\$138.86	2/1/2009
93231	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$44.54	\$44.54	2/1/2009
93232	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$68.84	\$68.84	2/1/2009
93233	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$25.45	\$25.45	2/1/2009
93235	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$122.00	\$122.00	2/1/2009
93236	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$99.31	\$99.31	2/1/2009
93237	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUO	\$22.51	\$22.51	2/1/2009
93268	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$267.10	\$267.10	2/1/2009
93270	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$30.41	\$30.41	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93271	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$211.57	\$211.57	2/1/2009
93272	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING W	\$25.12	\$25.12	2/1/2009
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$46.18	\$46.18	2/1/2009
93279	Programming device evaluation with iterative adjustment of the implantable device	\$53.86	\$53.86	2/1/2009
93280	Programming device evaluation with iterative adjustment of the implantable device	\$63.78	\$63.78	2/1/2009
93281	Programming device evaluation with iterative adjustment of the implantable device	\$74.41	\$74.41	2/1/2009
93282	Programming device evaluation with iterative adjustment of the implantable device	\$68.91	\$68.91	2/1/2009
93283	Programming device evaluation with iterative adjustment of the implantable device	\$83.59	\$83.59	2/1/2009
93284	Programming device evaluation with iterative adjustment of the implantable device	\$97.93	\$97.93	2/1/2009
93285	Programming device evaluation with iterative adjustment of the implantable device	\$46.85	\$46.85	2/1/2009
93286	Peri-procedural device evaluation and programming of device system parameters be	\$26.34	\$26.34	2/1/2009
93287	Peri-procedural device evaluation and programming of device system parameters be	\$34.82	\$34.82	2/1/2009
93288	Interrogation device evaluation (in person) with physician analysis, review and	\$42.07	\$42.07	2/1/2009
93289	Interrogation device evaluation (in person) with physician analysis, review and	\$64.16	\$64.16	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93290	Interrogation device evaluation (in person) with physician analysis, review and	\$30.79	\$30.79	2/1/2009
93291	Interrogation device evaluation (in person) with physician analysis, review and	\$40.25	\$40.25	2/1/2009
93292	Interrogation device evaluation (in person) with physician analysis, review and	\$36.25	\$36.25	2/1/2009
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple l	\$58.94	\$58.94	2/1/2009
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$34.65	\$34.65	2/1/2009
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$62.67	\$62.67	2/1/2009
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or mul	\$36.69	\$36.69	2/1/2009
93297	Interrogation device evaluation(s), (remote) up to 30 days: implantable cardiova	\$24.02	\$24.02	2/1/2009
93298	Interrogation device evaluation(s), (remote) up to 30 days: implantable loop rec	\$28.02	\$28.02	2/1/2009
93299	Interrogation device evaluation(s), (remote) up to 30 days: implantable cardiova	BR	BR	1/1/2009
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	\$212.13	\$212.13	2/1/2009
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	\$126.86	\$126.86	2/1/2009
93306	Echocardiography, transthoracic real-time with image documentation (2D), includi	\$264.33	\$264.33	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$183.51	\$183.51	2/1/2009
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$109.23	\$109.23	2/1/2009
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$302.51	\$302.51	2/1/2009
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$39.58	\$39.58	2/1/2009
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$260.73	\$260.73	2/1/2009
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$290.41	\$290.41	2/1/2009
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$42.15	\$42.15	2/1/2009
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	\$240.33	\$240.33	2/1/2009
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	BR	BR	1/1/2001
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$81.13	\$81.13	2/1/2009
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	\$40.33	\$40.33	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	\$75.32	\$75.32	2/1/2009
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$189.54	\$189.54	2/1/2009
93351	Echocardiography, transthoracic, real- time with image documentation (2D), with o	\$272.38	\$272.38	2/1/2009
93352	Use of echocardiographic contrast agent during stress echocardiography (List sep	\$38.26	\$38.26	2/1/2009
93501	RIGHT HEART CATHETERIZATION	\$814.20	\$814.20	2/1/2009
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR	\$102.37	\$102.37	2/1/2009
93505	ENDOMYOCARDIAL BIOPSY	\$606.09	\$606.09	2/1/2009
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$960.55	\$960.55	2/1/2009
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,458.30	\$1,458.30	2/1/2009
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER	\$1,656.14	\$1,656.14	2/1/2009
93514	LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE	\$1,754.99	\$1,754.99	2/1/2009
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$2,179.02	\$2,179.02	2/1/2009
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,883.57	\$1,883.57	2/1/2009
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,197.07	\$2,197.07	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT	\$2,288.94	\$2,288.94	2/1/2009
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXIS	\$2,063.70	\$2,063.70	2/1/2009
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$878.15	\$878.15	2/1/2009
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,297.46	\$2,297.46	2/1/2009
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,349.90	\$2,349.90	2/1/2009
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,145.53	\$2,145.53	2/1/2009
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$61.01	\$20.31	2/1/2009
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$174.04	\$21.76	2/1/2009
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY	\$14.75	\$14.75	2/1/2009
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICU	\$106.32	\$14.75	2/1/2009
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICUL	\$59.81	\$14.75	2/1/2009
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY	\$43.79	\$12.89	2/1/2009
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY	\$122.76	\$20.31	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S)	\$169.83	\$169.83	2/1/2009
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S)	\$247.72	\$247.72	2/1/2009
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL	\$45.36	\$45.36	2/1/2009
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL	\$20.90	\$20.90	2/1/2009
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$263.85	\$263.85	2/1/2009
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$157.12	\$157.12	2/1/2009
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$938.41	\$938.41	2/1/2009
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT	\$1,241.33	\$1,241.33	2/1/2009
93600	BUNDLE OF HIS RECORDING	\$187.13	\$187.13	2/1/2009
93602	INTRA-ATRIAL RECORDING	\$154.49	\$154.49	2/1/2009
93603	RIGHT VENTRICULAR RECORDING	\$176.42	\$176.42	2/1/2009
93609	INTRAVENTRICULAR AND/OR INTRA- ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH	\$367.17	\$367.17	2/1/2009
93610	INTRA-ATRIAL PACING	\$211.46	\$211.46	2/1/2009
93612	INTRAVENTRICULAR PACING	\$221.51	\$221.51	2/1/2009
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3- DIMENSIONAL MAPPING (LIST SEPARATELY IN	\$364.03	\$364.03	2/1/2009
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$58.63	\$58.63	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$84.60	\$84.60	2/1/2009
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$375.22	\$375.22	2/1/2009
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$690.55	\$690.55	2/1/2009
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONIN	\$1,067.13	\$1,067.13	2/1/2009
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$825.47	\$825.47	2/1/2009
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$827.15	\$827.15	2/1/2009
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	\$179.44	\$179.44	2/1/2009
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENE	\$340.16	\$340.16	2/1/2009
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	\$654.76	\$654.76	2/1/2009
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$457.13	\$457.13	2/1/2009
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$584.73	\$584.73	2/1/2009
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$484.63	\$484.63	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$555.85	\$555.85	2/1/2009
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$841.97	\$841.97	2/1/2009
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRIC	\$917.09	\$917.09	2/1/2009
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$163.12	\$163.12	2/1/2009
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$295.36	\$295.36	2/1/2009
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$36.82	\$36.82	2/1/2009
93720	PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT	\$43.27	\$43.27	2/1/2009
93721	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$35.52	\$35.52	2/1/2009
93722	PLETHYSMOGRAPHY, TOTAL BODY; INTERPRETATION AND REPORT ONLY	\$7.75	\$7.75	2/1/2009
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$339.18	\$339.18	2/1/2009
93740	TEMPERATURE GRADIENT STUDIES	\$9.92	\$9.92	2/1/2009
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	BR	BR	1/1/2005
93770	DETERMINATION OF VENOUS PRESSURE	\$7.71	\$7.71	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG	\$17.59	\$9.21	2/1/2009
93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG	\$26.01	\$14.01	2/1/2009
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	BR	BR	10/1/1982
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$99.91	\$99.91	2/1/2009
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$172.70	\$172.70	2/1/2009
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$160.92	\$160.92	2/1/2009
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$188.95	\$188.95	2/1/2009
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$87.88	\$87.88	2/1/2009
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$139.31	\$139.31	2/1/2009
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$145.24	\$145.24	2/1/2009
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$145.24	\$145.24	2/1/2009
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$118.81	\$118.81	2/1/2009
93923	NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE	\$182.06	\$182.06	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93924	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND	\$221.64	\$221.64	2/1/2009
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$171.29	\$171.29	2/1/2009
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$109.83	\$109.83	2/1/2009
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$166.03	\$166.03	2/1/2009
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$106.11	\$106.11	2/1/2009
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (E	\$121.83	\$121.83	2/1/2009
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$176.69	\$176.69	2/1/2009
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$112.74	\$112.74	2/1/2009
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$230.24	\$230.24	2/1/2009
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	\$200.73	\$200.73	2/1/2009
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$175.57	\$175.57	2/1/2009
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$112.37	\$112.37	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$170.47	\$170.47	2/1/2009
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP	\$129.95	\$129.95	2/1/2009
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$103.53	\$103.53	2/1/2009
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$80.72	\$80.72	2/1/2009
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$58.81	\$58.81	2/1/2009
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$42.56	\$42.56	2/1/2009
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT	\$76.73	\$76.73	2/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$32.42	\$32.42	2/1/2009
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES	\$46.55	\$46.55	2/1/2009
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$23.26	\$23.26	2/1/2009
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; PHYSICIAN	\$23.29	\$23.29	2/1/2009
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND	\$55.76	\$55.76	2/1/2009
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN	\$56.98	\$56.98	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$20.02	\$20.02	2/1/2009
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$21.84	\$21.84	2/1/2009
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN	\$37.56	\$37.56	2/1/2009
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$25.49	\$25.49	2/1/2009
94260	THORACIC GAS VOLUME	\$29.81	\$29.81	2/1/2009
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN	\$35.41	\$35.41	2/1/2009
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS	\$40.81	\$40.81	2/1/2009
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$33.62	\$33.62	2/1/2009
94375	RESPIRATORY FLOW VOLUME LOOP	\$35.10	\$35.10	2/1/2009
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$50.35	\$50.35	2/1/2009
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$47.85	\$47.85	2/1/2009
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$52.89	\$52.89	2/1/2009
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$72.56	\$72.56	2/1/2009
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUB	\$59.44	\$59.44	2/1/2009
94620	PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TES	\$85.01	\$85.01	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$149.93	\$149.93	2/1/2009
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.04	\$13.04	2/1/2009
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	BR	BR	1/1/1991
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$35.59	\$35.59	2/1/2009
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$13.41	\$13.41	2/1/2009
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$52.89	\$33.99	2/1/2009
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$33.65	\$33.65	2/1/2009
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$14.46	\$14.46	2/1/2009
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$21.02	\$21.02	2/1/2009
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$18.15	\$18.15	2/1/2009
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$64.07	\$64.07	2/1/2009
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$76.29	\$76.29	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$59.22	\$59.22	2/1/2009
94720	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY STATE)	\$50.27	\$50.27	2/1/2009
94725	MEMBRANE DIFFUSION CAPACITY	\$83.59	\$83.59	2/1/2009
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$65.52	\$65.52	2/1/2009
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	\$2.50	\$2.50	2/1/2009
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	\$5.37	\$5.37	2/1/2009
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$27.46	\$27.46	2/1/2009
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$35.97	\$35.97	2/1/2009
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	BR	BR	1/1/1992
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	1/1/2007
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$59.71	\$59.71	2/1/2009
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$59.71	\$59.71	2/1/2009
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	BR	BR	1/1/2007



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	BR	BR	10/1/1982
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$138.42	\$138.42	2/1/2009
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$36.63	\$36.63	2/1/2009
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$81.03	\$80.31	2/1/2009
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$48.71	\$21.47	2/1/2009
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$37.83	\$22.54	2/1/2009
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	\$68.43	\$68.43	2/1/2009
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY	\$12.82	\$12.82	2/1/2009
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE,	\$123.24	\$121.05	2/1/2009
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$92.09	\$86.28	2/1/2009
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$107.74	\$84.83	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$70.33	\$29.26	2/1/2009
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$61.42	\$22.17	2/1/2009
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$21.84	\$21.47	2/1/2009
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	\$21.09	\$20.72	2/1/2009
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$20.35	\$19.98	2/1/2009
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR	\$4.81	\$4.44	2/1/2009
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	\$19.98	\$19.60	2/1/2009
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY	\$20.31	\$20.31	2/1/2009
96360	Intravenous infusion, hydration; initial 31 minutes to 1 hour	\$56.36	\$56.36	2/1/2009
96361	Intravenous infusion, hydration; each additional hour (List separately in additi	\$16.37	\$16.37	2/1/2009
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$68.38	\$68.38	2/1/2009
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$21.53	\$21.53	2/1/2009
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$34.26	\$34.26	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance)	\$20.06	\$20.06	2/1/2009
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); in	\$149.79	\$149.79	2/1/2009
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ea	\$15.35	\$15.35	2/1/2009
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ad	\$73.02	\$73.02	2/1/2009
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$20.47	\$20.47	2/1/2009
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$17.56	\$17.56	2/1/2009
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$54.24	\$54.24	2/1/2009
96375	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ea	\$23.65	\$23.65	2/1/2009
96376	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); ea	BR	BR	1/1/2009
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial	BR	BR	1/1/2009
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$61.94	\$61.94	2/1/2009
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$39.02	\$39.02	2/1/2009
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	\$129.40	\$26.90	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$147.39	\$38.39	2/1/2009
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$113.86	\$113.86	2/1/2009
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$65.10	\$65.10	2/1/2009
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$154.18	\$154.18	2/1/2009
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$34.59	\$34.59	2/1/2009
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$167.18	\$167.18	2/1/2009
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$76.03	\$76.03	2/1/2009
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$107.22	\$107.22	2/1/2009
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$177.70	\$177.70	2/1/2009
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL	\$76.77	\$76.77	2/1/2009
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF	\$174.45	\$174.45	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$332.36	\$123.80	2/1/2009
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING	\$321.74	\$116.05	2/1/2009
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$270.38	\$91.98	2/1/2009
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$134.54	\$134.54	2/1/2009
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$107.26	\$107.26	2/1/2009
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$26.20	\$26.20	2/1/2009
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS	\$168.75	\$44.83	2/1/2009
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	BR	10/1/1982
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$104.95	\$104.95	2/1/2009
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$53.78	\$53.78	2/1/2009
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL	\$25.83	\$25.83	2/1/2009
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$18.86	\$18.86	2/1/2009
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$69.40	\$69.40	2/1/2009



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96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM	\$55.90	\$55.90	2/1/2009
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$71.52	\$71.52	2/1/2009
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE	\$96.86	\$96.86	2/1/2009
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$149.52	\$58.70	2/1/2009
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ	\$147.35	\$59.07	2/1/2009
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$217.87	\$100.51	2/1/2009
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/1/1982
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$26.50	\$20.31	2/1/2009
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$36.45	\$29.93	2/1/2009
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$47.18	\$39.21	2/1/2009
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$55.31	\$46.21	2/1/2009
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$63.39	\$52.89	2/1/2009
98940	CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$23.26	\$19.60	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$32.13	\$27.77	2/1/2009
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$42.11	\$37.75	2/1/2009
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$21.02	\$18.12	2/1/2009
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	BR	BR	1/1/2004
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	BR	BR	1/1/2004
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$7.68	\$7.68	2/1/2009
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$7.68	\$7.68	2/1/2009
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$7.68	\$7.68	2/1/2009
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$149.37	\$149.37	2/1/2009
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$239.55	\$239.55	2/1/2009
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	BR	BR	1/1/2003
G0275	RENAL ARTERY ANGIOGRAPHY (UNILATERAL OR BILATERAL) PERFORMED AT THE TIME OF	\$12.89	\$12.89	2/1/2009
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$12.89	\$12.89	2/1/2009
G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$156.15	\$156.15	2/1/2009
G0392	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$2,237.20	\$458.92	2/1/2009
G0393	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$1,698.09	\$292.96	2/1/2009
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG	BR	BR	7/1/2003
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG	\$35.18	\$15.91	2/1/2009
M0076	PROLOTHERAPY	BR	BR	3/1/1989
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	BR	BR	3/1/1989
Q0035	CARDIOKYMOGRAPHY	\$20.08	\$20.08	2/1/2009
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	BR	1/1/1992
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	BR	BR	1/1/1992
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	1/1/1992
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	BR	BR	1/1/1992
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	\$61.75	\$61.75	2/1/2009
S0316	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	\$33.25	\$33.25	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	BR	BR	1/1/2002
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	BR	BR	1/1/2002
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	BR	BR	1/1/2002
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	BR	BR	1/1/2002
S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	BR	BR	1/1/2002
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	BR	BR	1/1/2002
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT	BR	BR	1/1/2002
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	BR	BR	1/1/2002
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE	BR	BR	1/1/2002
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY	BR	BR	1/1/2002
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2004
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	BR	BR	1/1/2002
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2002
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9345	HOME INFUSION THERAPY, ANTI- HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	BR	BR	1/1/2002
S9346	HOME INFUSION THERAPY, ALPHA-1 PROTEINASE INHIBITOR (E.G., PROLASTIN);	BR	BR	1/1/2002
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	BR	BR	1/1/2002
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	BR	BR	1/1/2002
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY;	BR	BR	1/1/2002
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	BR	BR	1/1/2002
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	BR	BR	1/1/2002
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS	BR	BR	1/1/2002
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS	BR	BR	1/1/2002
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	BR	BR	1/1/2002
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	BR	BR	1/1/2002
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	BR	BR	1/1/2002
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	BR	BR	1/1/2002
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	BR	BR	1/1/2002
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES,	BR	BR	7/1/2002
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	BR	BR	1/1/2002
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6	BR	BR	1/1/2002
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	BR	BR	1/1/2002



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	BR	BR	1/1/2002